



City of Oswego Application for Examination-Employment Promotional Series Only

(Please Print)

Examination Number & Title _____

Name _____

Street _____

City/State/Zip Code _____

Home Phone _____ Business Phone _____

Social Security Number _____ Current Department & Title _____

LIST BELOW CURRENT AND PRIOR EMPLOYMENT THAT SHOWS YOU MEET PROMOTIONAL QUALIFICATIONS

Department	Title	From		To	
		Month	Year	Month	Year

ACTIVE MILITARY SERVICE - SEE INSTRUCTIONS FOR NEW DATES

Are you a veteran? YES NO – Circle one – If yes, see below.		
Did you receive an honorable discharge or were you released under honorable circumstance YES ? NO ?		
VETERAN'S CREDITS	COMPLETE INFORMATION ON BACK PAGE	DD-214 or proof of active duty status must be attached
SPECIAL ARRANGEMENTS	SEE INFORMATION ON BACK PAGE	Attach request

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

MISPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE.
PURSUANT TO 210.45 OF THE NEW YORK PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKING A FALSE STATEMENT HEREIN.

THIS AFFIRMATION MUST BE COMPLETED.

I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.

Signature of Applicant _____ Date _____

Please do not write in the space below

Date received _____ By _____

Approved _____ Conditional _____ Disapproved _____

By _____ Date _____

INSTRUCTIONS AND INFORMATION

EXAMINATION ANNOUNCEMENT

BEFORE FILING YOUR APPLICATION, CAREFULLY READ THE EXAMINATION ANNOUNCEMENT. IT MAY BE VIEWED AT THE CITY OF OSWEGO PERSONNEL OFFICE AND AT THE CITY'S WEBSITE, www.oswegoonv.org.

QUALIFICATIONS

THE BURDEN OF ESTABLISHING REQUIRED QUALIFICATIONS IS THE RESPONSIBILITY OF THE APPLICANT. OUT-OF-TITLE EXPERIENCE CANNOT BE CREDITED TOWARD MEETING THE MINIMUM QUALIFICATIONS. APPLICATIONS WILL BE REJECTED FOR LATENESS IF POSTMARKED AND RECEIVED AFTER THE LAST FILING DATE.

ADMISSION TO EXAMINATION

ADMISSION NOTICES ARE MAILED THE WEEK PRIOR TO THE EXAMINATION DATE. IF YOU DO NOT RECEIVE A NOTICE THREE DAYS PRIOR TO THE EXAM DATE, CALL 342-8160. CANDIDATES WILL BE REQUIRED TO BRING PROOF OF IDENTITY TO THE EXAMINATION, SUCH AS A PHOTO DRIVER'S LICENSE OR A NON-DRIVER ID. PARTICIPATION IN THE EXAMINATION DOES NOT MEAN YOU HAVE BEEN FOUND TO MEET THE ANNOUNCED REQUIREMENTS. APPLICANTS MAY BE ADMITTED ON THE BASIS OF STATEMENTS MADE ON THE APPLICATIONS WHICH ARE SUBJECT TO REVIEW AND VERIFICATION. SCORES WILL NOT BE AVAILABLE IF A DISQUALIFICATION DETERMINATION IS MADE SUBSEQUENT TO THE EXAMINATION.

LEGAL ADDRESS/CHANGES

PLEASE REPORT CHANGES IN ADDRESS (INCLUDE NUMBER AND TITLE OF EXAMINATION) TO INSURE PROPER NOTIFICATION OF TEST RESULTS AND SUBSEQUENT CIVIL SERVICE LISTS. ANY RESIDENT REQUIREMENTS OR PREFERENCES MUST BE ESTABLISHED 30 DAYS PRIOR TO THE EXAMINATION DATE.

TESTING ACCOMODATION (ATTACH WRITTEN REQUEST)

IF YOU REQUIRE SPECIAL ARRANGEMENTS A WRITTEN REQUEST SHOULD BE ATTACHED TO THIS APPLICATION DESCRIBING THE TYPE OF SPECIAL ARRANGEMENTS REQUIRED.

AN ALTERNATE TEST DATE MAY ONLY BE REQUESTED FOR ONE OF THE FOLLOWING REASONS:

1. A DEATH IN THE IMMEDIATE FAMILY OR HOUSEHOLD WITHIN THE WEEK PRECEDING THE EXAMINATION
2. MILITARY COMMITMENT (COPY OF ORDERS MUST BE ATTACHED)
3. BEING A MEMBER OF A TRADITIONAL RELIGIOUS OR CIVIL CEREMONIAL PARTY SUCH AS A WEDDING, BAPTISM, BAR MITZVAH OR GRADUATION; OR A MEMBER OF THE IMMEDIATE FAMILY OR HOUSEHOLD OF THE INDIVIDUAL FOR WHOM THE CEREMONY IS BEING HELD
4. HAVING A CONFLICTING PROFESSIONAL OR EDUCATIONAL EXAMINATION. PROFESSIONAL EXAMINATIONS WOULD INCLUDE THOSE FOR CPA, ACSW, OR THE BAR. EDUCATIONAL EXAMINATIONS WOULD INCLUDE SAT, COLLEGE BOARDS OR GRADUATE RECORDS
5. VACATIONS FOR WHICH NON-REFUNDABLE DOWN PAYMENTS WERE MADE BEFORE THE EXAMINATION ANNOUNCEMENT WAS ISSUED
6. REQUIRED COURT APPEARANCES
7. MEDICAL EMERGENCIES INVOLVING A HOSPITAL CONFINEMENT OR CERTIFICATION FROM A PHYSICIAN THAT THE CANDIDATE IS UNABLE TO APPEAR FOR THE EXAMINATION DUE TO A SPECIFIC MEDICAL PROBLEM OF THE CANDIDATE OR MEMBER OF THE IMMEDIATE FAMILY OR HOUSEHOLD
8. EMERGENCY WEATHER CONDITIONS, VERIFIED BY THE LOCAL PUBLIC SAFETY AGENCY THAT LEAD TO THE CLOSING OF SPECIFIC ROADS, HIGHWAYS, OR INDEPENDENT TRANSPORTATION SERVICES WHICH PREVENTS A CANDIDATE FROM REACHING THE TEST CENTER.

TO REQUEST AN ALTERNATE TEST DATE FOR NUMBERS 1-6 CANDIDATES MUST NOTIFY THE CITY OF OSWEGO PERSONNEL DEPARTMENT IN WRITING AS SOON AS POSSIBLE BEFORE THE TEST DATE. THE REQUEST SHOULD CONTAIN A COMPLETE EXPLANATION OF THE REASON THE EXAMINATION CANNOT BE TAKEN AS SCHEDULED AND BE SUPPORTED BY APPROPRIATE DOCUMENTS.

FOR NUMBERS 7 AND 8 (EMERGENCY SITUATIONS), CANDIDATES MUST NOTIFY THE PERSONNEL OFFICE NO LATER THAN CLOSE OF BUSINESS ON TUESDAY FOLLOWING THE ANNOUNCED EXAMINATION DATE.

VETERAN'S CREDITS - FORM DD214 MUST BE ATTACHED

TO CLAIM CREDITS AS A VETERAN, YOU MUST HAVE SERVED IN THE ARMED FORCES OF THE UNITED STATES DURING THE TIME PERIODS LISTED BELOW. "ARMED FORCES" MEANS THE ARMY, NAVY, MARINE CORPS, AIR FORCE AND COAST GUARD, INCLUDING ALL COMPONENTS THEREOF AND THE NATIONAL GUARD WHEN IN SERVICE OF THE UNITED STATES PURSUANT TO CALL AS PROVIDED BY LAW ON A FULL-TIME, ACTIVE DUTY BASIS OTHER THAN ACTIVE DUTY FOR TRAINING PURPOSES.

TO CLAIM CREDITS AS A DISABLED VETERAN, YOU MUST BE ENTITLED TO RECEIVE PAYMENTS FOR A SERVICE CONNECTED DISABILITY (RATED AT 10 PERCENT OR MORE INCURRED DURING THE TIME OF HOSTILE ACTION OR WAR).

ALL SUCH CLAIMS ARE SUBJECT TO VERIFICATION BY THE VETERANS ADMINISTRATION AND THE PERSONNEL OFFICE INCLUDING, BUT NOT LIMITED TO, THE INSPECTION OF DISCHARGE PAPERS AND OTHER RELATED DOCUMENTS. IN THE EVENT OF SUBSEQUENT DISCLOSURE OF ANY MATERIAL MISSTATEMENT OR FRAUD IN THIS CLAIM, YOUR APPOINTMENT MAY BE RESCINDED AND YOU MAY BE DISQUALIFIED FROM FURTHER APPOINTMENT FROM ANY ELIGIBLE LIST ON WHICH YOU HAVE BEEN GRANTED ADDITIONAL CREDITS. "ACTIVE DUTY" MEMBERS OF THE ARMED FORCES HAVE THE RIGHT TO REQUEST VETERAN CREDITS PRIOR TO DISCHARGE. IF YOU ARE CURRENTLY ON ACTIVE DUTY YOU SHOULD CHECK THE "OTHER" BOX ON THE APPLICATION AND ATTACH A LETTER REQUESTING THE USE OF CREDITS WITH DOCUMENTATION VERIFYING YOUR ACTIVE DUTY STATUS: I.E. COPY OF MILITARY ID, MILITARY ORDERS, OR OFFICIAL DOCUMENT INDICATING CURRENT SERVICE."

ARE YOU CLAIMING CREDITS AS A VETERAN? _____ OR AS A DISABLED VETERAN? _____

HAVE YOU USED YOUR VETERANS CREDITS FOR PERMANENT APPOINTMENT OR PROMOTION IN NEW YORK STATE OR ANY OF ITS CIVIL DIVISIONS SINCE JANUARY 1, 1951?

YES _____ NO _____

CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES.

		FROM – MONTH/YEAR	TO – MONTH/YEAR
WORLD WAR II	DECEMBER 7, 1941 – DECEMBER 31, 1946		
US PUBLIC HEALTH SERVICE	JULY 29, 1945 – SEPTEMBER 2, 1945		
KOREAN CONFLICT	JUNE 27, 1950 – JANUARY 31, 1955		
US PUBLIC HEALTH SERVICE	JUNE 26, 1950 – JULY 3, 1952		
VIET NAM CONFLICT	DECEMBER 22, 1961 – MAY 7, 1975		
HOSTILITIES IN LEBANON	JUNE 1, 1983 – DECEMBER 1, 1987		
HOSTILITIES IN GRENADA	OCTOBER 23, 1983 – NOVEMBER 21, 1983		
HOSTILITIES IN PANAMA	DECEMBER 20, 1989 – JANUARY 31, 1990		
PERSIAN GULF CONFLICT	AUGUST 2, 1990 – ()		
OTHER DETERMINATIONS	LIST		